

AFFIDAVIT OF DR. DAVID DREW PINSKY, MD

I, DAVID DREW PINSKY, being first duly sworn, depose and say as follows:

1. I am competent to testify to the matters set forth herein, and testify based on my personal knowledge, education, information and belief.

2. I am a practicing physician, Board Certified in Internal Medicine, and Board Certified in Addiction Medicine. I am a diplomat of the American Board of Addiction Medicine and the American Board of Internal Medicine. I am a Fellow with the American College of Physicians and a member of the board for the Prostate Cancer Foundation.

3. Additionally, I am a cancer survivor, having been diagnosed and treated for prostate cancer.

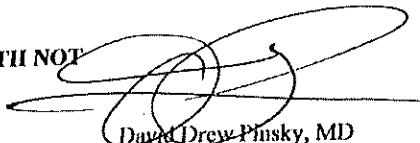
4. I reviewed Mr. Maldonado's medical records, including his medical prognosis, as well as the limitations of the medical options available to him through the Bureau of Prisons.

5. Given Mr. Maldonado's current diagnosis of CVID, and history of sepsis from biopsies and surgeries, all medical decisions related to his cancer should be made in consultation with other specialists. I recommend the Bureau of Prisons make this option available to Mr. Maldonado.

6. I am in agreement with Mr. Maldonado's decision to undergo active surveillance of his prostate tumor while seeking further evaluation and work up of his CVID, as well as further evaluation for surgical and treatment options for persons living with CVID.

7. From my review of the medical records, it is my opinion that postponing any treatment programs until after January 2022 would not impact his current cancer prognosis.

FURTHER AFFIANT SAYETH NOT



David Drew Pinsky, MD

12/13/21

Date

Notary Public

Date

Type or Print Name

My Commission Expires:

SEE ATTACHED CERTIFICATE

Exhibit 1

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me
on this 13th day of December, 2021,
by David Drew Pinsky
(1) _____
(and (2) _____),
Name(s) of Signer(s)



Place Notary Seal Above

Signature _____

Signature of Notary Public _____

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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Title or Type of Document: _____ Document Date: _____

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